



# TRANSMITTAL FORM

Attorney Docket No.	6131.US.C1 (1700/42)
Application Number	09/250,883
Filing Date	FEBRUARY 16, 1999
First Named Inventor	M. COHEN, et al.
Group Art Unit	1655
Examiner	C. MYERS

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JUL 16 2001  
TECH CENTER 1600/2900

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## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Amendment <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Status Letter <input type="checkbox"/> Petition and Fee for Extension of Time Request (duplic) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement, PTO-1449, art <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawings: <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request of Refund	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Notice of Appeal <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Post Card Receipt <input type="checkbox"/> Additional Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 01-0025 (Abbott Laboratories). A duplicate copy of this sheet is enclosed.		

## CALCULATION OF FEE

					Small Entity		or	Large Entity	
	Claims After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee		Rate	Add'l Fee
Total	10	Minus	24	0	x \$9=	0		x \$18=	
Indep.	3	Minus	6	0	x \$40=	0		x \$80=	
First Presentation of Multiple Dep. Claim					+\$135=	---		+ \$270=	
					total add'l fee	\$ 0		total add'l fee	\$

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	RUTH PE PALILEO Registration No. 44,277 CARDINAL LAW GROUP 1603 Orrington Avenue, Suite 2000 Evanston, IL 60201		
Signature		Date	JULY 10, 2001

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: JULY 10, 2001		
Signature	 RUTH PE PALILEO, (44,277)	Date: JULY 10, 2001